



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 10/02/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of outpatient brain injury rehabilitation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Neurology

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Eighty hours of outpatient brain injury rehabilitation - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

performed a neuropsychological evaluation on xxxxxx. He was injured when he injured his neck and left ribs while working. He was up on a truck and getting his tool bag. Shortly after hitting his head on the tool bag, he recalled waking up on the ground with his tool bag under his neck. He stated he might have had an LOC, be it could not have been for very long because he felt a shocking pain run from his head to his feet and he thought he was paralyzed. He was currently on

Cymbalta, Elavil, and Neurontin. It was noted on 01/31/13, a cervical MRI revealed the patient needed surgery, which was never done. He noted he showed signs of repeating conversations, low frustration tolerance and as of 12/19/14, he was diagnosed with unspecified neurocognitive disorder, somatic symptom disorder with predominant pain, persistent, major depressive disorder, single episode severe with anxious distress, moderate, and rule out major neurocognitive disorder due to TBI. It was felt the patient provided consistent effort during the evaluation. His scores indicated he was reporting higher levels of affective complaints, suggesting emotional distress likely negatively affecting his cognition. He was oriented to time, place, person, date, and situation and was easily distracted with loud noises and difficulty focusing or finishing tasks. The testing provided evidence of cerebral impairment with significant deficits noted in the domains of impaired processing speed, verbal reasoning, visual reasoning, verbal memory, and visual memory. It was felt he fit the DSM-5 diagnoses he was given previously. A neurocognitive program was recommended at that time. The patient attended the outpatient medical rehabilitation, neurocognitive rehabilitation program on 06/01/15, 06/02/15, 06/04/15, 06/05/15, 06/08/15, 06/10/15, and 06/11/15. A reassessment was performed on 06/05/15. He had completed 72 out of 80 hours at that time and was on Amitriptyline, Cymbalta, Gabapentin, and Methocarbamol. Continuation of the program was recommended at that time. The patient underwent an PPE on 06/09/15. It was felt he could not return to his previous PDL and continuation of the OMR program was recommended by examining the patient on 06/23/15. He had completed 80 hours of the OMR program and was pending an FCE. His anger control and forgetfulness continued. The diagnoses were a cervical sprain/strain, cervical disc displacement, status post fusion at C6-C7, and a closed head injury. He was noted to be pending approval for continuation of the OMR program. The patient then continued in the OMR program on 06/29/15, 06/30/15, 07/01/15, 07/06/15, 07/07/15, 07/08/15, and 07/13/15. A team conference took place on 07/13/15. He had attended 120/160 hours. His medications were unchanged. His Cogmed Index had improved from 70 to 82 and continued treatment was recommended, which the patient did on 07/14/15, 07/15/15, and 07/17/15. He reexamined the patient on 07/14/15. He was frustrated that he had problems with his memory. The rest of the handwritten notes were illegible. Cymbalta was increased and he was advised to continue the OMR program. Another team conference took place on 07/20/15. He was struggling to manage his lack of inhibition and had been less interested in doing cognitive retraining and focusing more on the physical aspect of the program. His Cogmed Index was still 82 and his medications were unchanged. The patient continued in the OMR program on 07/22/15, 07/23/15, and 07/24/15. On 07/27/15, another team conference was reviewed. He was observed with low frustration levels and lowered frustration tolerance and inhibition. The xxxxxxxx stated his current behavior was the same as before the OMR treatment. His Cogmed Index score was 82 and his medications were Cymbalta, Amitriptyline, Gabapentin, and Methocarbamol. He would be discharged when his goals were met. The patient underwent another PPE on 07/27/15 and he completed all functional specific testing, but terminated all dynamic lifting tests due to increased pain. recommended continuation in the

OMR program. provided a reassessment for continuation in the OMR program on 07/29/15, which was requested at that time. On 08/04/15, reevaluated the patient. He was status post medial branch blocks in the cervical spine on 06/17/15 and 07/20/15. His neck pain was rated at 7/10 and he noted the ringing in his ears was worsening. He was referred to an ENT and continuation in OMR was recommended. A preauthorization request was submitted on 08/10/15 for an additional 80 hours of the outpatient brain injury rehabilitation program, which provided an adverse determination for on 08/13/15. On 08/24/15 provided an appeal for the requested 80 additional hours of the OMR program, which provided another adverse determination for on 08/28/15. The patient returned on 09/01/15 and stated he felt his behavior was regressing and he had become more belligerent and had difficulty focusing/staying on task. The diagnoses were unchanged, except that TBI with behavioral disturbance was added and he was also pending approval of the diagnoses of tinnitus and hearing loss. A psychiatric referral was recommended and it was noted he was scheduled for rhizotomy on 09/08/15. He would remain off of work through 10/05/15.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient did sustain a head and neck injury in the accident occurring on xxxxxx necessitating a cervical fusion in April of 2014. He also sustained a traumatic brain injury and has already undergone 160 hours of an outpatient brain injury rehabilitation program. He has had significant improvement in multiple areas, including problem solving, speech, language deficits, concentration, and memory, as well as improvement in his subjective complaints of irritability, anxiety, depression, sleep, and forgetfulness. According to his latest work assessment he is able to lift 40 pounds and falls into the medium physical demand level. His job, however, requires him to work at the heavy physical demand level. The Official Disability Guidelines (ODG) states that re-enrollment or repetition of the same or similar program is medically warranted only if it is for the same condition or injury or an exacerbation of injury. He has made improvements with the 160 hours of the program he has already received as noted above and I do not see any evidence of exacerbation based on the documentation reviewed at this time. He is able to return to work at a medium physical demand level, but cannot return to his previous job which required a heavy physical demand level. I can find no evidence in the records reviewed that support that the patient requires an additional 80 hours of an outpatient brain injury rehabilitation and the previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**